STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

OCT 3 1 2018

I. Name of Lobbyist	(s) Adam Sehmidt			1	
· ·	's partnership, firm or o	ornaration if any			NEW HAMPSHIRE DEPARTMENT OF STATE
	•	orporation, it any:		!	DEI / III / III / III
	sional Association				_
(Na	ime of partnership, firm or co	orporation)			
	tre Street	Concord	NH		03301
Business Address: (S	itreet)	(Town/City)	(State)	(Zip Code)
(603) 225-7170		226-0165	e-mail aschmidt(@bianc	opa.com
(Telephone)		(Fax)			
reportable expense t	transactions which are n	ot attributable to an	r each client, OR you may y one client). porting date relative to the		
	(Full Name of Client as i	appears on the Lobbyis	t Registration Form)		
<u>OR</u>					
X All reportable tran unrelated to any parti	•	including the lobbyist	's family), or the lobbying i	firm liste	d below which are
IV. Date of Report Reports caver: acti	April 25, 2018 vity from date af registration	n to 3/31/18 ac	July 25, 2018 tivity fram 4/1/18 ta 6/30/18		
	October 31, 2018 X3 activity from 7/1/18 to 9/36	0/18 ac	January 30, 2019 🗋 aivity from 10/1/18 ta 12/31/1	8	
			sactions made since the cretary of State's Office, Sta		
VI. Check if addition	nal reports are attached				
	•		ddendum A- Fees and Exp	enses	
•	an honorarium or reimbur		st file Addendum B– Repo		norariums or
M If you, your firm,	, or your family has made	political contributions	s, you must file Addendum	C– Poli	tical Contributions
Ihave read RSA 15, I	Mirmation by Lobbylst RSA-15-B, RSA-14-C and lest of my engwledge and		swear or affirm that the fo		nformation is true
NULL			August 24, 2018		
(Signature of lobbyis Adam Schmidt	st)		(Date))	
(Print Name of lobby	vist)				

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

Rianco Profess	sional Associatio	ın	
	rship, firm or corporation		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobbying			eter 664 paid on behalf of the
Full name of candidate:	Sununu	Chris	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 100.	.00	Office Candidate i	s Seeking <u>Governor</u>
actual cost of the in-kind contri	bution on the line a c word "estimate."		ution. If the actual cost is not know
actual cost of the in-kind contri enter an estimated value and the	bution on the line a c word "estimate."	bove for amount of contribu	ution. If the actual cost is not know
actual cost of the in-kind contrienter an estimated value and the	bution on the line a c word "estimate." (Last Name)	bove for amount of contribution (First Name)	ution. If the actual cost is not know
If the contribution is an in-kind actual cost of the in-kind contrienter an estimated value and the Full name of candidate: Amount of contribution \$	bution on the line a c word "estimate." (Last Name)	bove for amount of contribution (First Name)	ution. If the actual cost is not know
actual cost of the in-kind contrienter an estimated value and the Full name of candidate: Amount of contribution \$	bution on the line a c word "estimate." (Last Name) contribution, provibution on the line a	(First Name)	ution. If the actual cost is not know
actual cost of the in-kind contrienter an estimated value and the Full name of candidate: Amount of contribution \$	bution on the line a c word "estimate." (Last Name) contribution, provibution on the line a	(First Name)	(Middle Name/Initial)

(If more than three contributions were made, report addition	nat contributions on separate addendum C forms.)
Crucan Statement/ASS-mation by Labbrica	
Sworn Statement/Affirmation by Lobbyist	
I have read DSA 15 DSA 15 D and DSA 664 and	A brancher and a comment of the formation in formation
	d hereby swear or affirm that the foregoing informati
is true and complete to the best of my knowledge	